

ATTACH SITE IDENTIFICATION LABEL IN THIS BLOCK	Nevada Division of Environmental Protection Conditionally Exempt Small Quantity Generator 2001 Hazardous Waste Report
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Sec. I Site name and location address. Check the box <input type="checkbox"/> in items A, B, C, E, F, G, and H if same as label; if different, enter corrections. If label is absent or the label information is incorrect, enter the correct information.		
A. EPA ID No. <div style="border-bottom: 1px solid black; width: 100%; height: 1.2em; margin-top: 5px;"></div>	B. County Same as label <input type="checkbox"/> or →	
C. Site/Company name Same as label <input type="checkbox"/> or →	D. Has the site name associated with this EPA ID changed since 1999? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	
E. Street name and number. If not applicable, enter industrial park, building name, or other physical location description. Same as label <input type="checkbox"/> or →		
F. City, town, village Same as label <input type="checkbox"/> or →	G. State Same as label <input type="checkbox"/> or → <div style="border-bottom: 1px solid black; width: 40px; height: 1.2em; margin-top: 5px;"></div>	H. Zip Code Same as label <input type="checkbox"/> or → <div style="border-bottom: 1px solid black; width: 100%; height: 1.2em; margin-top: 5px;"></div>

Sec. II Mailing address of site, if different than Sec. 1		
A. Number and street name of mailing address		
B. City, town, village	C. State <div style="border-bottom: 1px solid black; width: 40px; height: 1.2em; margin-top: 5px;"></div>	D. Zip Code <div style="border-bottom: 1px solid black; width: 100%; height: 1.2em; margin-top: 5px;"></div>

Sec. III Generator status:	
A. 2001 RCRA generator status (CHECK ONE BOX BELOW) If you generated more than 220 lbs per month do not use this form. Call 1-800-882-3233 to obtain a "Large Quantity Generator Report & Instruction Book" <input type="checkbox"/> 1 CESQG (CONTINUE TO SEC IV), OR <input type="checkbox"/> 2 Non-generator (CONTINUE TO BOX B)	B. Reason for not generating during 2001 (CHECK ALL THAT APPLY) <input type="checkbox"/> 1 Never generated <input type="checkbox"/> 2 Out of business <input type="checkbox"/> 3 Only excluded or delisted waste <input type="checkbox"/> 4 Only non-hazardous waste <input type="checkbox"/> 5 Periodic or occasional generator <input type="checkbox"/> 6 Waste minimization activity

Sec. IV Name, date and telephone number of the person who filled out this report.		
A. Last Name First name M.I. <div style="border-bottom: 1px solid black; width: 100%; height: 1.2em; margin-top: 5px;"></div>	B. Date: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border-bottom: 1px solid black; width: 30px; height: 1.2em; margin: 0 5px;"></div> <div style="border-bottom: 1px solid black; width: 30px; height: 1.2em; margin: 0 5px;"></div> <div style="border-bottom: 1px solid black; width: 30px; height: 1.2em; margin: 0 5px;"></div> </div> <div style="display: flex; justify-content: space-around; font-size: 0.8em; margin-top: 5px;"> Month Day Year </div>	
C. Telephone Number <div style="display: flex; align-items: center; margin-top: 10px;"> <div style="border-bottom: 1px solid black; width: 100%; height: 1.2em; flex-grow: 1;"></div> <div style="margin-left: 10px;">Extension <div style="border-bottom: 1px solid black; width: 50px; height: 1.2em; margin-top: 5px;"></div></div> </div>		